

Running the Numbers: Simulating Time, Revenue & Workflow Impact

With Sonda Kunzi, CEO of Coding Advantage



Agenda for Today

- Overview
- Recap from last week
- Quantifying the value of a 12-month diabetic care path
- Operational considerations
- Reengaging the payer system
- Next steps and preview of next week

Who is this session for?

- Billing eligible providers seeking to quantify income potential through third party payers
- Providers and practice managers seeking to optimize workflow in a root cause medicine practice
- Allied practitioners seeking avenues to monetize their work inside payer participating root cause medicine practices

Recap

- 2021 has ushered in five key changes that make root cause medicine financially feasible for practices and patients within the payer system.
 - The ability to bill for time spent prepping for and documenting visits (on the same calendar day of the visit) including time spent:
 - Preparing to see patients (test review, records review, prepping care plans, etc.)
 - Documenting clinical information in the EMR or other health record
 - Educating patients, family, and care givers
 - This includes prolonged visits (beyond 99215) billing for 15-minute incremental units of time

Recap

- The ability to code on the basis of time OR medical decision making (MDM) – rewarding root cause providers for work with more complex patients
- Parity in the value of telehealth and in-person visits – including virtual group visits
- The ability to utilize health coaches in combination with a tech platform for remote patient monitoring
- Dramatic reduction in note-taking requirements for providers to bill higher level E/M codes

12 Month Care Path

New patient w diabetes & hypertension



12 Month Care Path

- New patient with type 2 diabetes + hypertension
- 8 provider visits
 - 4 in-person
 - 4 virtual
- 4 Virtual group visits lead by health coach with provider break-out visits
- Labs drawn in months 1, 6, and 12

Week 1: Provider New Patient Visit

- Prep time: 15 mins (review intake documentation)
- Visit time: 60 mins
- Visit objectives:
 - Collect history, ROS, review medications and supplements
 - Physical exam to include monofilament test
 - Discuss current DM management and comorbidities
 - Needs assessment
 - Identify first behavior change
 - Order labs
- 99205 (Time): \$224.36
- 99417 (Extended Time): \$33.50

EM New Timetable in Effect Jan. 1, 2021

Office/Outpatient E&M Code New Patients	Previous Time	Total Times in 2021	Current RVU	2021 RVU Value	% Increase
99201	10 minutes	CODE DELETED	0.48	Deleted	N/A
99202	20 minutes	15-29 minutes	0.93	0.93	0%
99203	30 minutes	30-44 minutes	1.42	1.6	13%
99204	45 minutes	45-59 minutes	2.43	2.6	7%
99205	60 minutes	60-74 minutes	3.17	3.5	10%

Office/Outpatient E&M Code Established Patients	Previous Time	Total Times in 2021	Current RVU	2021 RVU Value	% increase
99211	5 minutes	TIME REMOVED	0.18	0.18	0%
99212	10 minutes	10-19 minutes	0.48	0.7	46%
99213	15 minutes	20-29 minutes	0.97	1.3	34%
99214	25 minutes	30-39 minutes	1.5	1.92	28%
99215	40 minutes	40-54 minutes	2.11	2.8	33%

Week 2: Virtual Group Visit (x4)



- Conducted over Zoom
- Lead by health coach
- 60 minutes
 - Assume 10 participants with 5-minute breakout visits with the provider
 - Assume provider prep time of 60 minutes (6 mins per participant)
- 99213 (MDM): \$92.47
- **Note:** If the provider delivers the group education, that time is NOT billable.
- **Note:** Do NOT bill experimental code for coach (0593T)
- **Note:** Document separate notes to meet EM criteria for each patient.

MDM Tables – AMA

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury 	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> Category 1: Tests and documents <ul style="list-style-type: none"> • Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk of morbidity from additional diagnostic testing or treatment

Week 3: Provider Visit #2

- Office visit
- Prep time: 15 minutes (review lab results, prep care plan)
- Visit time: 30 minutes
- Visit objectives:
 - Review labs
 - Develop and agree upon care plan to address findings
- 99215 (Time): \$183.19

Week 8: Provider Visit #3



- Virtual visit
- Prep time: 5 minutes (review previous labs and care plan)
- Visit time: 30 minutes
- Visit objectives:
 - Review care plan progress and friction points
 - Review weight, blood sugar and blood pressure log and associated symptoms
 - Consider medication changes
 - Develop and agree upon care plan to address findings
- 99214 (Time): \$131.20

Week 24: Provider Visit #4

- Office visit
- Prep time: 5 minutes
- Visit time: 15 minutes
 - Review care plan progress and friction points
 - Review blood sugar and blood pressure log and associated symptoms
 - Consider medication changes
 - Order labs
 - Prep for maintenance phase of the care path
- 99214 (MDM): \$131.20

MDM Tables – AMA

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99204 99214	Moderate	<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> • 2 or more stable chronic illnesses; <p>or</p> <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis; <p>or</p> <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms; <p>or</p> <ul style="list-style-type: none"> • 1 acute complicated injury 	<p>Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health

Week 26: Provider Visit #5



- Virtual visit
- Prep time: 10 minutes
- Visit time: 30 minutes
 - Review lab results
 - Consider medication changes
 - Consider supplement changes
 - Discuss maintenance lifestyle implementation and objective for the next six months
- 99215 (Time): \$183.19

Week 38-52: Provider Visit #6-8

- Week 38: Virtual visit check-in visit
 - Visit time: 20 mins
 - Prep time: 5 mins
 - 99214 (MDM): \$131.20
- Week 50: Office visit (order labs)
 - Visit time: 15 mins
 - Prep time: 5 mins
 - 99214 (MDM): \$131.20
- Week 52: Virtual visit (lab review)
 - Visit time: 20 mins
 - Prep time: 10 mins
 - 99214 (Time): \$131.20

Care Path Economics

2020 values

- Total provider time: 5.65 hours/ patient
- Net revenue/ patient (net of coaching cost): \$1,067.61
- Net revenue/ hour: \$188.96

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2021 Values

- Net revenue/ patient (net of coaching cost): \$1,610.12
- Net revenue/ hour: \$284.98

An increase of \$96.02/ hour (51%)

Care Path Economics

Visit	Visit Type	Week	Visit time	Prep time	Code	Code Basis	Payment	Prev. Rev.	% Increase
1	Provider Office	1	60		99205	Time	\$ 224.36	\$ 211.12	6%
				20	99417	Time	\$ 33.50	\$ -	100%
2	Group Virtual	2	5	6	99213	MDM	\$ 92.47	\$ 46.20	100%
3	Provider Office	3	30	15	99215	Time	\$ 183.19	\$ 148.33	24%
4	Group Virtual	5	5	6	99213	MDM	\$ 92.47	\$ 46.20	100%
5	Provider Virtual	8	30	5	99214	Time	\$ 131.20	\$ 110.43	19%
6	Group Virtual	9	5	6	99213	MDM	\$ 92.47	\$ 46.20	100%
7	Group Virtual	16	5	6	99213	MDM	\$ 92.47	\$ 46.20	100%
8	Provider Office	24	15	5	99214	MDM	\$ 131.20	\$ 76.15	72%
9	Provider Virtual	26	30	10	99215	Time	\$ 183.19	\$ 148.33	24%
10	Provider Virtual	38	20	5	99214	MDM	\$ 131.20	\$ 76.15	72%
11	Provider Office	50	15	5	99214	MDM	\$ 131.20	\$ 76.15	72%
12	Provider Virtual	52	20	10	99214	Time	\$ 131.20	\$ 76.15	72%
Coach Cost Adjustment							\$ (40.00)	\$ (40.00)	
Total							\$ 1,610.12	\$ 1,067.61	51%
Total Time (Hrs)		5.65							
Net Revenue/Hr.							\$ 284.98	\$ 188.96	

Operational Considerations

- Enlisting patient cohorts (this simulation is built to accommodate up to 10 in a cohort)
- Standardizing care paths and communicating them to patients at the onset of the episode (ideally documented)
- Specializing in particular care paths (programs)
- Engaging a coach to support group visits (and RPM)
- Scheduling prep time
- Building private-pay revenue into the care path (i.e. supplement dispensing)

Cohort Economics

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
Single Patient E/M	\$ 533.52	\$ 223.67	\$ 92.47	\$ 92.47	\$ -	\$ 131.20	\$ 183.19	\$ -	\$ -	\$ 131.20	\$ -	\$ 262.40	
Cohort size	10	10	10	10	10	10	10	10	10	10	10	10	
Cum Patients	10	20	30	40	50	60	70	80	90	100	110	120	
Cohort starts	1	1	1	1	1	1	1	1	1	1	1	1	
Month 1	\$ 5,335.20	\$ 2,236.70	\$ 924.70	\$ 924.70	\$ -	\$ 1,312.00	\$ 1,831.90	\$ -	\$ -	\$ 1,312.00	\$ -	\$ 2,624.00	
Month 2		\$ 5,335.20	\$ 2,236.70	\$ 924.70	\$ 924.70	\$ -	\$ 1,312.00	\$ 1,831.90	\$ -	\$ -	\$ 1,312.00	\$ -	
Month 3			\$ 5,335.20	\$ 2,236.70	\$ 924.70	\$ 924.70	\$ -	\$ 1,312.00	\$ 1,831.90	\$ -	\$ -	\$ 1,312.00	
Month 4				\$ 5,335.20	\$ 2,236.70	\$ 924.70	\$ 924.70	\$ -	\$ 1,312.00	\$ 1,831.90	\$ -	\$ -	
Month 5					\$ 5,335.20	\$ 2,236.70	\$ 924.70	\$ 924.70	\$ -	\$ 1,312.00	\$ 1,831.90	\$ -	
Month 6						\$ 5,335.20	\$ 2,236.70	\$ 924.70	\$ 924.70	\$ -	\$ 1,312.00	\$ 1,831.90	
Month 7							\$ 5,335.20	\$ 2,236.70	\$ 924.70	\$ 924.70	\$ -	\$ 1,312.00	
Month 8								\$ 5,335.20	\$ 2,236.70	\$ 924.70	\$ 924.70	\$ -	
Month 9									\$ 5,335.20	\$ 2,236.70	\$ 924.70	\$ 924.70	
Month 10										\$ 5,335.20	\$ 2,236.70	\$ 924.70	
Month 11											\$ 5,335.20	\$ 2,236.70	
Month 12												\$ 5,335.20	
Total	\$ 5,335.20	\$ 7,571.90	\$ 8,496.60	\$ 9,421.30	\$ 9,421.30	\$ 10,733.30	\$ 12,565.20	\$ 12,565.20	\$ 12,565.20	\$ 13,877.20	\$ 13,877.20	\$ 16,501.20	\$ 132,930.80
Hours													466.5
Supp. Net Rev./ Pt.	\$ 35.00												
Supp. Net Rev.	\$ 350.00	\$ 700.00	\$ 1,050.00	\$ 1,400.00	\$ 1,750.00	\$ 2,100.00	\$ 2,450.00	\$ 2,800.00	\$ 3,150.00	\$ 3,500.00	\$ 3,850.00	\$ 4,200.00	\$ 27,300.00
Single Patient RPM													

Recap

Next week: Remote Patient Monitoring

- Calculating the economic value potential of RPM
- A step-by-step guide to realizing the potential of RPM in your practice
- Bring your office manager, biller, and coach

Reengaging the Payers

Reengaging With the Payers

Opportunity during PHE to take advantage of waiver 1135

- Allowing **opted-out** physicians and NPPs to terminate their opt-out status early and enroll in Medicare
- Medicare temporarily waiving the following to become re-enrolled:
 - Application fees
 - Background checks
 - Site visits
- Allowing licensed providers to render services outside of state of enrollment
- Render telehealth from home without registering address as service location

Reengaging with the payers

- Allow **opted-out** physicians and NPPs to terminate their opt-out status early and enroll in Medicare
- Contact MAC through Medicare Enrollment Hotline to cancel opt-out status to establish temporary billing privileges
 - Typically takes 2 business days from receipt of notification to MAC
 - MAC notifies provider via email
 - Billing privileges are granted on a provisional basis as a result of the PHE and are temporary
- At the end of the PHE you will be asked to submit the appropriate CMS-855 to continue with permanent billing privileges
 - Failure to respond to MAC's request within 30 days of notification, will result in the deactivation of the temporary billing privileges

Reengaging with the payers

Commercial payers may have special contracting in place.

- This will be a payer-by-payer decision on how credentialing will be handled and if new policies are in place to facilitate contracting
- COVID-19 related services are generally paid similarly with or without regard to in network status during the PHE.

Examples of healthcare payer information on expediting credentialing process:

- UnitedHealthcare is temporarily updating credentialing policies to implement provisional credentialing for out-of-network providers who are licensed independent practitioners and want to participate in UHC networks.
<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-credentialing-updates.html>
- Some of the BCBS companies at the state level have addressed the PHE in the credentialing process. BCBS of Massachusetts has a PHE credentialing application.
https://provider.bluecrossma.com/ProviderHome/wcm/connect/e4ac3e24-aab3-4b90-b91a-28aff0d5a2eb/Public_Health_Emergency_Credentialing_Application_MPC_030620-1N.pdf?MOD=AJPERES

Reengaging with the payers

Allowing licensed providers to render services outside of state of enrollment

The following four conditions must be met:

1. Enrolled in the Medicare program
2. Possess a valid license to practice in the state currently enrolled in
3. Furnishing services –in person or telehealth – in a State in which the emergency is occurring in order to contribute to relief efforts in provider’s professional capacity
4. Not excluded from practice in the state or any other state that is part of the 1135 emergency area

Next Steps

- Complete a simple 10 question survey to arrange a free consultation with the Coding Advantage team to explore the opportunity to reengage the payer system.
- Join us next week to for how to implement RPM in your practice.